

<b>CONTRACTOR PERFORMANCE EVALUATION FOR PERIOD 1/01 - 6/01</b>
<b>Contractor Name and Contract Number:</b>
<b>Task Order Name and Number:</b>
<b>Task Order Period of Performance:</b>

*Please provide comments for the following areas as appropriate.*

<b>5. CONTRACTOR KEY PERSONNEL</b>
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**Contractor's Project Manager (comments required):**

Name:

Comments:

**Other Key Personnel (if desired):**

Name:

Comments:

**Other Key Personnel (if desired):**

Name:

Comments:

<b>6. SUBCONTRACTS (if any)</b>
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A. Are subcontractors involved under your task order? Yes or No

Name:

Comments:

Name:

Comments:

<b>7. CUSTOMER SATISFACTION (<i>comments required</i>)</b>
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A. Is/was the contractor committed to customer satisfaction? Yes or No

B. Would you recommend the selection of this firm again? Yes or No

C. Please provide narrative comments as to your overall level of customer satisfaction with the contractor's performance during this rating period.

**Thank You!**